Original Research Article

Study on Health Information Seeking Behaviour among Inpatients in a Tertiary Care Hospital

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ABSTRACT

BACKGROUND: This study portrays the health-seeking behaviour among the inpatients of tertiary care hospital. The first part deals with the socio demographic details of the inpatients and how this affects the various components in the questionnaire. The second part identifies the general attitude of the respondents. It shows the interest of individuals in health seeking behaviour research, and provides the sources of health information. This permits us to discuss the health literacy of the respondents, to understand the strength, weakness, opportunities and threats in it. The third part presents the health seeking behaviour among the inpatients in different departments of Kasturba Hospital.
OBJECTIVE: To find the health information seeking behaviour and health literacy among the inpatients of various departments in Kasturba Hospital, Manipal.
METHOD: This is a cross sectional study carried out in Kasturba Hospital, Manipal. A sample size of 300 inpatients was taken for the study period of 3 months. The instrument used for data collection was a validated pre-tested questionnaire.
RESULTS: In terms of general attitude of the respondents of Kasturba Hospital, 82% of the inpatients in Kasturba Hospital had a minimum knowledge regarding their illness and were interested in seeking health information about their illness and 32%, 46%, 16% and 6% wanted to know more information about the diagnoses, the disease, medications and side effect of drugs respectively. The patients insisted on providing them with health information about their illness and treatment option in written material and in their local language a communication was a problem. For 51% of the inpatients the main source of health information was the physician, whom the inpatients relied on, for their treatment. Only 5% of the families had access to the internet and treated their symptoms using medical information from the internet. 53% of the respondents complained that the health expenditure was very high and hence could not cope up with the health expenditure. Only 45% of the inpatients were covered under an insurance policy while 55% of them were still remaining to be covered and also wanted to know the procedure to get insured.
CONCLUSION: Hence it can be concluded that majority (82%) of the inpatients wanted to seek more information about their illness but their level of literacy and socio-economic status becomes a barrier to accessing information from various sources.
KEYWORDS: Health-seeking behaviour, Physician-patient interaction, Internet-based information, Health literacy.

INTRODUCTION

It is well established that most Indians pay large amounts out-of-pocket for covering their health costs: three quarters of health spending in India comes from households out-of-pocket disbursements. [1] If one takes only primary curative care, household spending forms the majority of this expenditure in India. In addition to just the expenditure, the elaborate government health care system belies the fact that the private health care sector has grown at a phenomenal rate, and today forms an equally significant part of the health system in India. About 57 percent of hospitals and 32 percent of hospital beds are in the private sector. [2] But, merely stating that private provision is an important part of the health care system in India is not enough. The highly pluralistic health care system comprise several kinds of systems within - allopathic, homeopathic, ayurvedic, unani etc. - all of which are significant in their presence.

The second point to note is that there seems to be an even greater burden on the rural than the urban population. This is because, compared to rural India, in urban areas the whole range of facilities such as hospitals, dispensaries, community health centers (both of government and private sectors) exist and are widely utilised by the urban communities. In the rural areas, the quality of these services, especially government services is of very poor quality, forcing individuals to visit the private sector instead. Also, the indirect costs like those associated with travel to the facilities act as deterrents for the rural population; in fact, many urban areas like Delhi witness large influx of rural populations to the major hospitals, indicating the absence of similar facilities in the rural areas. [3] Recent evidence indicates that in rural areas, individuals accessing private practitioners

often end up going to providers who are not legally qualified to dispense medication. Thus in terms of price, access, and quality, the rural Indians are probably much worse off than their urban counterparts. As for availability, India has approximately 4,500 government hospitals with more than 450,000 beds. However, as more than two-thirds of the hospitals in India are located in urban areas, accounting for about 80 percent of all hospital beds, the urban population is better served with respect to number of hospital beds. [4] Of course, with about 300 million Indians living in urban areas, even the current number of public and private facilities is far too small to meet their total health care needs.

With regard to the share of public and private facilities in the health care market, evidence indicates that for inpatient care, individuals from both rural and urban areas prefer public facilities. For outpatient care, i.e., for the treatment of illnesses not requiring hospitalization, private facilities are more often used, particularly in the urban parts of India. Evidence also indicates that the share of private health care providers for outpatient care increases with a rise in the economic status of the population. For example, it has been observed that with the growth in income, high purchasing power, and the expansion of the middle class, urban India has witnessed a tremendous growth in the private health care system. Regarding expenditure pattern, an average Indian household spends Rs. 250 per capita per annum on the use of health services. [5] For the urban households, the figure is about 40percent higher than their rural counterparts. As for health insurance, most Indians are not covered by any insurance schemes, but the small minority that are covered, mostly belong to the organised urban sector; the rural population has almost no insurance coverage at all

formal or informal. It is estimated that a small fraction of less than 9% of the Indian workforce is covered by some form of health insurance, through Central Government Health Scheme, Employee State Insurance Scheme, and Mediclaim. [6] Despite a large and extensive public health care system, there has always been some criticism regarding its quality and accessibility, especially in the recent past. [7] With regard to the direct provision of public services, the entire system is grossly overloaded and underfunded. Problems like crowded outpatient departments, poor physical conditions of the infrastructure, and primitive health information, continue to remain in the public health care system. On the other hand the private sector, which is easily accessible and is seen as delivering better quality services, is much more expensive and is largely supported by direct out-of-pocket payments. This discrepancy in the cost of treatment in the private sector is much higher in the urban areas than in the rural areas. For instance, according to the NSS survey, the average cost of treatment involving hospitalisation in the private sector was 350percent higher than the public sector in urban areas; whereas for the rural areas the same indicator was 150 percent higher.

The more complex health care system in the urban areas is also due to the fact that many of these areas face a dual burden of communicable and non-communicable diseases. According to one study, in 1990 communicable diseases accounted for about 56 percent and non-communicable diseases for about 29% of the burden of disease (as a percentage of Disability-adjusted Life Years lost) on average. In the year 2020, the projected figures are 24% for communicable diseases and 57% for non-communicable diseases. [8] Till the epidemiological transition is complete in all sections of the urban

population, there will remain an immense pressure on both basic primary health care services as well as an increasing demand for sophisticated secondary and tertiary health services. This will in turn create pressure on existing facilities, spur the further growth of the private sector, and see further inequalities in both access and burden of treatment.

Health-seeking behaviours (HSB); the journey so far: Researchers and practitioners have long been interested in what facilitates the use of health services, and what influences people to behave differently in relation to their health. Thus there is a large literature on HSB and utilization of health services in both developed and developing countries. There are two dominant approaches: the development of 'pathways models' of HSB, which tend to describe a series of steps an individual takes; and studies of 'determinants' of behaviour, highlighting the factors influencing that journey. There is also a distinction between studies that emphasize end-point service utilization and those that explore behaviour in relation to health more generally.

Seeking health care: utilization of a complex system

There is a tendency in the literature for studies to focus specifically on the act of seeking 'health care' as defined officially in a particular context. Although data are also gathered on self-care, visits to more traditional healers and unofficial medical channels, these are often seen largely as something which should be prevented, with the emphasis on encouraging people to opt first for the official channels. Yet a consistent finding in many studies is that for some illnesses, people will choose traditional healers, village homeopaths or untrained allopathic doctors above formally trained practitioners or government health facilities suggest, health-seeking behaviour

does not always take 'the form that scientific medicine thinks is most appropriate'.

Despite the ongoing evidence that people do choose traditional and folk medicine or providers in a variety of contexts which have potentially profound impacts on health, few studies recommend ways to enable individual preferences to be incorporated into a more responsive health care system. Nonetheless, there is now growing recognition of the need to be more sensitive to the realities of health care-seeking behaviour, and increasingly, researchers are coming to the conclusion that, in relation to some health problems in developing countries, traditional and unqualified practitioners should be recognized as an important resource, and perhaps even as 'the main providers of care'. Paying closer attention to the range of providers that may make up a local health system reveals that some groups appear to 'wander' between practitioners rather than seek care through one avenue or provider. [9] With this broader appreciation of behaviour, some have suggested the need to improve integration of private sector providers with public. Calls have been made for explicit recognition of the potential to combine the two worlds by involving unofficial providers in official training and service provision. [10] However, Ahmed et al (2000) concede that whilst extending training to such providers may enhance their services, training in itself will not change practice. For this, managerial and regulatory intervention is needed. Thus, the provision of medical services alone in efforts to reduce health inequalities is inadequate. Clearly, any research interest in health care-seeking behaviour, focusing on endpoint utilization, needs to address the complex nature of the process involved, cognizant of the fact that the particular 'end point' uncovered may be multifaceted and may not correspond to the preferred end points of service providers.

Aim of the study: To find the health information seeking behaviour among the inpatients from multiple departments in Kasturba Hospital, Manipal.

Objectives:
1. To find the general attitude among the inpatients towards: Interest in seeking health information, the level of health literacy and sources of health information, Access to internet, Patient-physician interaction, Expenditure on healthcare,
2. To find the health information seeking behaviour for patients suffering from various illnesses in the different departments of Kasturba Hospital

METHODOLOGY

Study Design: A cross sectional study of 300 inpatients was carried out in Kasturba Hospital Manipal, for a period of 3 months February to April 2013. Only a cross-section (the inpatients) were included in the study, and interviewed to find the health information seeking behaviour among patients with various illnesses in different departments with the help of a semi-structured, validated and pre-tested questionnaire.

Sample Size: A pilot study was carried out for 5 days with the help of an interview with the inpatients. The total no of working days were 52. The average no of patients interviewed per day were 10. There were 47 days available. A total of 16 departments were considered for the study. The number of patients varied in each department so all the inpatients present in the wards were interviewed and hence a total of 300 inpatients of Kasturba Hospital were interviewed in 16 departments.

Tools: A semi-structured questionnaire was prepared which included both open and close-end questions and was in English as well as in Kannada (local language) as per the convenience of the patient. The questionnaire consisted of the major

variables i.e. education, occupation and family income. The socio-economic status was evaluated with the help of the modified Kuppuswamy's socio-economic status scale.

Method of Data Collection: With the help of a pre-tested, semi-structured questionnaire which was validated, an interview was conducted with the participants. After taking a verbal consent from the patients, they were asked to tick the appropriate options. The patients responded to the questionnaire and the data was entered into SPSS (Statistical Package For Social Sciences) for data analysis and representation of results.

Analysis of Statistics: 1) Descriptive analysis was done on: Demographic details, General attitude & Interest in seeking health information among the inpatients in various departments of Kasturba Hospital, Manipal.

2) Detailed percentages were generated using SPSS 11.5 (Statistical package for the Social Sciences).

3) Relationship was ascertained with the help of SPSS for each component of the questionnaire with each variable i.e. level of education, occupation, family income, gender & marital status of the respondents to see whether there was any significant relationship. If p>0.05 then the relationship is not significant and if p<0.05 then the relationship is significant.

RESULTS

A cross sectional study was carried out to find out the health information seeking behaviour among the inpatients in Kasturba Hospital, Manipal. A sample of 300 patients from 16 departments in Kasturba Hospital was included in the study. The study was carried out during the period of February to April 2013 and a survey was conducted with the help of a validated, pre-tested questionnaire.

Table 1: Demographic profile of the study group:

Gender		
Male	202	67.3
Female	98	32.7
Marital Status		
Single	86	28.7
Married	214	71.3
Age		
0-14	42	14
15-25	34	11.3
26-35	53	17.7
36-45	45	15
46-55	50	16.7
56-65	54	18
66-75	16	5.3
76-84	6	2
Education		
Illiterate	22	7.3
Primary or Literate	63	21
Middle School	112	37.3
High School	52	17.3
Intermediate	12	4
Graduate or Post-graduate	35	11.7
Professional or Honours	4	1.3
Occupation		
Unemployed	31	10.3
Unskilled worker	11	3.7
Semi-skilled worker	8	2.7
Skill worker	73	24.3
Clerical, Shop Owners	125	41.7
Semi-profession	15	5
Profession	37	12.3

Table 2: Table showing responses to the questionnaire distributed in the sample population:
General attitude towards seeking health information

Sl. No	Questions	Options		Options	
1	What is the first measure taken when someone is ill in the family? (N=300)	Home remedies (21%)	Visit clinic (73.3%)	Wait for it to get better (6%)	Others (0)
2	Do you discuss about the problem with anybody other than family about the illness? (N=300)	Yes (69%)		No (31%)	
3	Do you take second opinion other than from your treating doctor about your ailment? (N=300)	Yes (38%)		No (62%)	
4	Where do you usually go when you are sick? (N=300)	Private clinic (74.7%)	Alternative medicine (2.3%)	Government clinic (22%)	Clinic by religious group (1%)
5	Do you have at least minimum knowledge about the disease that you are suffering from? (N=300)	Yes (81.7%)		No (18.3%)	
6	Are you interested in seeking more information about the ailment? (N=300)	Yes (82%)		No (18%)	
7	If yes when do you seek such information? (N=246)	After physical examination (32.1%)	After diagnosis (13.4%)	As soon as you know about your ailment (24%)	After investigation (30.5%)
8	What type of information related to your illness have you been searching since your diagnosis? (N=246)	More information on the diagnosis (31.7%)	About the disease (46.3%)	About medication prescribed (15.9%)	Side effects of drugs (6.1%)
9	How often have you gone to hospital in the past five year? (N=300)	Twice a year or more (67.5%)	Once per year (28.9%)	Less than once a year but at least twice in past 5 years (2.8%)	Once in past 5 years (0.85)
10	What kind of information do you prefer while seeking health care at a hospital? (N=246)	Manual/ printed (29.75)	Electronic (13.8%)	Both (21.5%)	Any type is fine for me (35%)
11	In which language do you prefer your reading material? (N=246)	Hindi (0.8%)	Local language (82.9%)	English (8.9%)	Bi lingual (7.3%)
12	How do you use the information you sought? (N=246)	Discuss with physician (69.5%)	Discuss with family or friends (24.8%)	For self-knowledge (5.7%)	Others (0)
13	Did you find the information you are looking for? (N=246)	Yes (72%)		No (9.8%)	Partially (17.5%)
14	Which was the most useful source? (N=246)	Newspaper/ journal/ TV / radio (40.7%)		Internet / camp/ friends/ relatives (8.5%)	Physician (50.8%)

Access to internet

Sl. No	Questions	Options		Options	
1	Do you have access to internet? (N=300)	Yes (5.3%)		No (94.7%)	
2	If yes do you prefer searching information about your disease on the internet? (N=16)	Yes (81.3%)		No (18.8%)	
3	Where do you search for such information on the internet? (N=7)	Websites (85.7%)	Personal communication (14.3%)	Online journals (0)	Others (0)
4	Amount of time spent in reading mail (N=16)	0 -3 hours (68.8%)	4-6 hours (18.8%)	7-8 hours (6.3%)	>10 hours (6.3%)
5	Amount of time spent in photocopying (N=10)	0 -3 hours (70%)	4-6 hours (20%)	7-8 hours (10%)	>10 hours (0%)
6	Others (N=2)	0 -3 hours (100%)	4-6 hours (0)	7-8 hours (0)	>10 hours (0)
7	If given the option how would you prefer to obtain reference material? (N=16)	Print copy (50%)		Electronic (50%)	
8	How has electronic dissemination of information affected your information gathering habits in past 5 years? (N=16)	Very different now (56.3%)		About the same (43.8%)	
9	Are you satisfied with the information which you get on the internet? (N=19)	Yes (68.4%)		No (31.6%)	
10	How often have you diagnosed and treated your symptoms using medical information from internet? (N=16)	Often (18.8%)	Rarely (12.5%)	Sometimes (43.8%)	Never (25%)

Patient-physician interaction

Sl. No	Questions	Options		Options	
1	Do you try to get more information about disease that is in family or friends from your primary physician? (N=300)	Yes (87%)		No (13%)	
2	How has your physician reacted when you discussed medical information from other sources?(N=264)	Welcome and openly discussed (95%)	Dismissed the information with little discussion (2%)	Become irritated (0.4%)	Neglected (2.4%)
3	In what way has obtaining medical information from other sources helped your relationship with your physician regarding your healthcare? (N=264)	Felt more like a partner in my healthcare (34.6%)	Helped me better communicated with my doctor (21.1%)	Feel more informed about my healthcare and treatment options (26%)	Gives more control over my healthcare (18.3%)

Health expenditure

Sl. No	Questions	Options		Options	
1	Are you able to cope up with the expenditure on illness by your income? (N=300)	Yes (31.7%)		No (52.7%)	Not every time (15.7%)
2	How much of your income is spent on illness every month? (N=300)	Around Rs 100 (4%)	Rs 100-200 (6%)	Rs 200-300(9%)	>Rs 300(81%)
3	Does anyone in your family have health insurance? (N=300)	Yes (44.7%)		No (55.3%)	
4	If yes are all members in the family covered? (N=300)	Yes (34.7%)		No (65.3%)	

The table 1 shows characteristics of respondents (N=300) in which majority were in the age group of 56-65 (18%), followed by 26-35 (17.7%). The male group constituted 67.3 % and the female group constituted 32.7 % of the total no. of respondents under study.

Out of the total no. of respondents 37.3 % of them have attended middle school while only 1.3% of them have Honours, followed by 21% who are literate or have attended primary school. 17.3 % attended high school and 11.7 % have a graduate or postgraduate degree while 7.3 % of the total no. of respondents was illiterate.

DISCUSSION

1) First measure taken when they are Ill:
Out of the total no. of respondents under study, 73% of them visited clinic/hospital. If they had minor illness like fever, cough or cold they would prefer not going to the clinic. 21 % of them took home remedies while 6 % of them waited till they got better. Majority of the patients visited hospital as they were economically well off. Another reason being the distance; many patients came from nearby states like Kerala, Bombay and faraway places in Karnataka like Kundapur, Shimoga and Badravati. The findings are similar to the study by Lakhwinder P Singh and Shiv D Gupta who opted for traditional healers in case of minor illnesses. Another study by C. Nadine Wathen and Roma M. Harris suggested that they would self-medicate and wait until the morning to call their family doctor or that they would rely on information they could find in their personal collections of medical and home remedy books.[11] This component is not significant with either the level of education (p=0.08), occupation (p=0.519), family income (p=0.793), gender (p=0.598) or marital status (p=0.084) of the respondents.

2) Discuss problem with any member other than family: Out of the total no. of respondents, 69% of them discussed their problems with their family doctors or other doctors in their hometowns while 31 % of them restricted to discussing with their families only as they were not comfortable in discussing with anyone else other than family. The occupation of the respondents (p=0.007) has a great significance on the discussion of their disease/illness with anybody other than family. The male respondents being the head of the family were the only source of income and agriculture was the main occupation in majority of the families and they would discuss about the health problem of his family members with relatives or family doctors if available first.

As against the study by Lakhwinder P Singh and Shiv D Gupta where the tribes opted for traditional healers compared to the present study where physicians were given more importance in all the cases regarding general health , child health and maternal health. In the present study there were only 2 patients one who took poison and other got bitten by snake. Both of them sought the help of a physician. Majority of the tribes opted for unqualified doctors as they did not have money to visit government clinics even though treatment was free because the allopathic medicines were very costly for them. But in the present study majority also felt that the cost of medicines was high but still opted for qualified doctors to treat their illness.

3) Taking second opinion other than their treating doctor: Majority (62%) of the respondents didn't take second opinion other than from their treating doctor. 38 % of the respondents took opinions from their family doctor. Most of the families in rural areas especially women took opinion from elders and traditional healers regarding deliveries, menstrual and other gynecological

problems. A study prepared by Constella Futures New Delhi on Health Insurance awareness needs and assessment presented that all of the respondents in Uttar Pradesh district did not seek second opinion for treatment which was similar to the present study where very few of the respondents took second opinion for their treatment. This component is not significant with either the level of education (p=0.238), occupation (p=0.100), family income (p=0.920), gender (p=0.951) or marital status (p=0.659) of the respondents.

4) Institutions visited when sick: Out of the total no. of respondents 74.7% preferred going to private clinic as they felt private hospitals would provide better health facilities with qualified doctors and good treatment as compared to government hospitals which did not have enough facilities and could not cater to patient care while 22% of them went to government clinic when they could not afford private clinics. Rest 2.3% of them opted for alternative medicine like Ayurveda, Unani, Siddha and Homeopathy. Only 1% of them opted for clinics run by religious groups. A study by T Puwar, B. Kumpavat and K Trivedi showed that majority of the patients preferred public hospitals compared to private hospital as it was free and inexpensive. But this is in contrast with the present study wherein majority patients preferred for private hospital for quality treatment.

Another study by Constella Futures New Delhi on Health Insurance awareness needs and assessment among the people of Bahraich district in Uttar Pradesh emphasized that majority of the respondents from Uttar Pradesh preferred district government hospital which again contrasted with the results of the present. This component is not significant with either the level of education (p=0.769), occupation (p=0.254), family income (p=0.672), gender (p=0.207) or marital status (p=0.647) of the respondents.

5) Any knowledge about the illness: Out of the total no. of respondents 81.7% had a minimum knowledge of what they were suffering from either because they were literate or they were informed from the consulting doctor. The remaining 18.3% of the total no. of respondents did not have minimum knowledge about their illness as they were illiterate or they were not being informed by the doctor due to the communication gap. The health literacy as per the study of Lack of Basic Health Information Raises Riskof Heart Failure Death, by Peterson [12] showed that nearly one in five people with heart failure had low health literacy, making them more than twice as likely to die as a result of their condition. The results showed that 17.5% of the participants had low health literacy which is similar to my study where 18% of the inpatients had low health literacy. This component although was not found to be significant with either the level of education (p=0.427), occupation (p=0.146), family income (p=0.782), gender (p=0.992) or marital status (p=0.286) of the respondents.

6) Interest in seeking more information on their illness: Out of the total no. of respondents, 82% were interested in seeking health information regarding their illness while 18% of them were not interested in seeking more information about their illness. They only wanted to get cured immediately due to lack of time or money or because they were illiterate. A study based on tuberculosis patients in South India after the implementation of Revised National TB Control Program (RNTP) where majority of the respondents were not interested in seeking health or delayed in seeking health was is in contrast to the present study wherein majority of the respondents were interested in seeking health information. The main reasons were; symptoms not very

severe, pressure from work or money, distance and lack of transport, indifference, dependence on alcohol, domestic preoccupation and dissatisfaction with available health facility. This component was not found to be significant with either the level of education (p=0.746), occupation (p=0.861), family income (p=0.656), gender (p=0.838) or marital status (p=0.613) of the respondents.

7) *When they seek information about the illness:* Out of the total number of the respondents, 32.1% sought information after physical examination while 13.4% sought after diagnoses. 30.5% of them sought after investigations while 24% sought as soon as they knew about their illness. Here the total no. of respondents were 246 as the remaining 54 respondents were not applicable for this question as they were not interested in seeking health information about their ailment. The variables education (p=0.206), family income (p=0.654), occupation (p=0.382), gender (p=0.990) and marital status (p=0.995) were not found to have any significance with this component.

8) *Type of information sought since diagnosis:* Here the total no. of respondents were 246 as the remaining 54 respondents were not applicable for this question since they were not interested in seeking more information about their health. Majority of the patients wanted to get all types of information regarding their health but to be more specified, 32% of them wanted to know more on the diagnosis, 46% of them wanted to know about the disease, 16% of them wanted to know about the medicines prescribed and 6% of them wanted to know regarding side effect of the drugs. The variables - Education (p=0.521), Family income (p=0.568), Occupation (p=0.368), Gender (p=0.222) and Marital status (p=0.064) have no significance with this component.

9) *How often visited clinic in last 5 years:* Out of the total no. of respondents, 67.5% visited clinic twice a year or more to show general illness like fever, cough or even more severe cases like cancer, tumor or other accident injuries. 28.9% of them visited once per year. Only 2.8% of them visited less than once a year but at least twice in past 5 years while 0.8% visited once in past 5 years. The variables education (p=0.889), family income (p=0.872), occupation (p=0.827), gender (p=0.478) and marital status (p=0.560) have no significance with this component.

10) *Kind of information preferred while seeking healthcare:* The total no. of respondents were 246 since the remaining 54 respondents were not applicable for this question as they were not interested in seeking more information about their health. Majority (35%) preferred any type while (30%) preferred manual/printed and 22% preferred both. 14% preferred information in electronic medium. The variables education (p=0.708), family income (p=0.938), occupation (p=0.970), gender (p=0.937) and marital status (p=0.767) did not have any significance with the kind of information the inpatients preferred while seeking healthcare.

11) *Using the information given:* Here the total no. of respondents were 246 as the remaining 54 respondents were not applicable for this question as they were not interested in seeking information regarding their illness. 70% of the total no. of respondents discussed the information they sought with physician as physician was the most reliable source of information according to them. 25% of them discussed with family/friends. Only 6% of them restricted to self-knowledge. The variables education (p=0.897), family income (p=0.165), occupation (p=0.678), gender (p=0.294) and marital status (p=0.099) does not have a significance with this component.

12) The most useful source of health information: Here the total no. of respondents was 246 as 54 respondents were not interested in seeking more information regarding their illness. For 51% of the total no. of respondents physician was the most useful source and did not look for other sources, for 41% of the total no. of respondents newspaper/journals/TV/radio was the most useful source while for 9% of them Internet/camp/friends/relatives was the most important source. The variables - Education (p=0.505), Family income (p=0.831), Occupation (p=0.907), Gender (p=0.921) and Marital status (p=0.511) has no significance with this component. This is in conformity to a similar study by C. Nadine Wathen and Roma M. Harris where the patients relied on physician as the most reliable source as compared to the internet. Another study prepared by Constella Futures New Delhi on Health Insurance awareness needs and assessment cited that the people relied on friend/family as the source of health information which contrasted to the results of the present study. [13]

13) Prefer searching the internet about their illness: Majority (81%) of the patients preferred searching information on internet while 19% of them did not prefer. Among the patients who searched information found physician as the major source of treatment of their illness and internet was only a secondary option to cure mild illness and get informed about their healthcare. Again, the occupation of the respondents (p=0.000) has a significance on preference for searching information from the internet. Their socio economic status decides if it is affordable to access and utilise internet facilities. The level of education (p=0.011) also has a significance. The level of literacy of the respondents will depend on their preference and usage of the internet.

14) Satisfaction with the information on internet: The total no. of respondents were 19, out of which 68% of them were satisfied and 32% of them were not satisfied with the information on internet. Majority were satisfied with the information on the internet as it gave them quick reference to learn about their disease and treatment option. So this option was very helpful among the educated patients.

The level of education (p=0.002), occupation (p=0.001) and family income (p=0.018) of the respondents have a significance. This proves that only if the patients are financially well off and educated they can have access to the internet, and can be satisfied with the information on the internet.

15) How often did you get treated by getting information on internet: Out of the 16 respondents to this component, 44% of them said sometimes 25% of them said never, 19% of them said often and 13% of them said "rarely." Since majority of the families in Kasturba Hospital trusted their physician as the most reliable source of health information, they rarely treated their symptoms with medical information from the internet. They would rather go for traditional healers or Ayurveda.

The level of education (p=0.005) has a significance with this component. Once the patients are financially well off and educated they would treat their symptoms with medical information from the internet.

16) Physician reaction when discussing medical information: The total no. of respondents were 264 as the remaining 36 were not applicable for this question since they did not try getting information from other sources and were not interested in seeking health information. 62% felt that their physician welcomed their queries openly while 25% felt that the physician dismissed their queries with little discussion. 10% felt that the physician got irritated while 3% felt that their queries were neglected. This is directly related to

communication, few of the patients had language problems with the doctor which brought about a communication barrier between the patient and physician.

The marital status (p=0.002) of the respondents has an effect on this. The doctor's reaction would differ based on a single individual or families. Doctor resolves queries to elderly, married people.

CONCLUSION

Thus, with the help of such validated questionnaire, the health literacy of the inpatients can be evaluated. The sources of health information and the preference for when they want to seek further information helps the healthcare providers in carrying out a treatment plan and provide better and improved patient care. This in turn breaks the barrier between patient and physician to discuss matters pertaining to patient illnesses. By identifying the interest in seeking health information in various departments in the hospital it is possible to find out the areas where health education and health literacy programs need to be implemented.

REFERENCES

1. Peter A. Berman, 1997. "National Health Accounts in Developing Countries: Appropriate Methods and Recent Applications," Health Economics, John Wiley & Sons, Ltd., vol. 6(1), pages 11-30.
2. Bhat, R. 1999. "Public-Private Partnerships in Health Sector: Issues and Prospects". Working Paper No. 99-05-06. Ahmedabad: Indian Institute of Management.
3. Uplekar, M. and A. George. 1994. "Access to Health Care in India, Present Situation and Innovative Approaches". Discussion Paper No. 12. Studies on Human Development in India: Foundation for Research in Community Health.
4. Duggal, R. 1997. "Health Care Budgets in a Changing Political Economy". Economic and Political Weekly: May 17-24.
5. Shariff, A., A. Gumber, R. Duggal, and M. Alam. 1999. "Health Care Financing and Insurance: Perspective for the Ninth Plan, 1997-2002".
6. Gumber, A. and V. Kulkarni. 2000. "Health Insurance for Workers in the Informal Sector, Detailed Results from a Pilot Study". New Delhi : National Council of Applied Economic Research.
7. Gupta, A. Mitra, and M. Jha. 1998. "Slum-dwellers in Delhi: An Unhealthy Population." Working Paper No. E/194/98. Delhi : Institute of Economic Growth.
8. Naylor D.C., P. Jha., J. Woods, and A. Shariff. 1999. "A Fine Balance: Some Options for Private and Public Health Care in Urban India". Human Development Network. Washington D.C : The World Bank.
9. Ahmed, S Sobhan, F Islam, A and Barkat-e-Khuda (2001) Neonatal morbidity and care-seeking behaviour in rural Bangladesh *Journal of Tropical Paediatrics* April 47(2). 98-105
10. McDonald. IG and Daly. J (2001) On patient judgment; Internal Medicine Journal April 2001, 31(3). 184-187
11. C. Nadine Wathen, Roma M. Harris (2006): An examination of the health information seeking experiences of women in rural Ontario, Canada. Information Research 11(4) July 2006.
12. Peterson, P. (2011) Low Health Literacy May Have Deadly Consequences, Journal of the

American Medical Association, April, 2011; vol 305: pp 1695-1701.

13. Working paper by Constella Futures presented to USAID (2008): Health Insurance Needs, Awareness and Assessment in the Bahraich District, Uttar Pradesh, Jan' 2008.

How to cite this article: Kumar PN, Hoovayya KP, Ahmed SA. Study on health information seeking behaviour among inpatients in a tertiary care hospital. Int J Health Sci Res. 2014;4(3):198-209.

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